



LEGEND

This training presents the Perinatal Practice Guidelines (PPG) to ensure that all Perinatal SUD programs receive the information necessary to provide and deliver quality SUD treatment services in adherence to federal and state guidelines. In addition to the PPG, County of San Diego SUD programs adhere to local requirements which include the Drug Medi-Cal Organized Deliver System (DMC-ODS) STCs and other items outlined in the County of San Diego Substance Use Disorder Providers Operational Handbook (SUDPOH). Guidelines are denoted throughout this presentation using the symbols to the right.



Youth Treatment
Guidelines



DMC-ODS
STCs



County of San
Diego
Guidelines



DMC-ODS NOTIFICATION

The County of San Diego made the decision to participate in the California Drug Medi-Cal Organized Delivery System (DMC-ODS) 1115 demonstration waiver, which provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services. The waiver amendment enhances the Drug Medi-Cal (DMC) service delivery system by providing more local control and accountability in selection of high-quality providers, improved local coordination of case management services, implementation of evidenced based practices in substance abuse treatment, and coordination with other systems of care. DMC-ODS STCs may supersede Youth Treatment Guidelines, and in those cases, are denoted in **red font** throughout this presentation.



STANDARD DMC VS. DMC-ODS

Expanded Services

CHANGES IN MEDI-CAL COVERED SERVICES*	
Previous SUD Services Covered by Drug Medi-Cal **	Covered Services After the Implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) (Effective July 1, 2018)
<ul style="list-style-type: none"> • Outpatient treatment: <ul style="list-style-type: none"> ○ Individual ○ Group sessions • Intensive Outpatient Treatment • Residential Treatment: <ul style="list-style-type: none"> ○ Perinatal only (16 beds or less) 	<ul style="list-style-type: none"> • Outpatient treatment: <ul style="list-style-type: none"> ○ Individual ○ Group sessions • Intensive Outpatient Treatment • Residential Treatment: <ul style="list-style-type: none"> ○ Perinatal, Youth, Adult • Medication Assisted Treatment • Withdrawal Management (Detox) • Case Management • Recovery Support Services • Physician Consultation

Refer to [DMC-ODS STCs](#)



IMPACT OF SUBSTANCE USE DISORDERS (SUD)



Substance use disorders are a major public health and safety problem impacting children, youth, families, and communities. Substance use disorder treatment programs provide an integrated system of community-based substance use disorder prevention, intervention, and treatment and recovery services throughout San Diego County.





WHY ARE GUIDELINES IMPORTANT?



To support quality services;



To outline minimum requirements;



To support adherence to State and Federal guidelines.



GOALS

Support women's ability to become self-sufficient through education and employment

Encourage the birth of drug-free babies

Break the generational cycle of addiction

Decrease the incidence of crime



POPULATION- WHO ARE OUR CLIENTS?



TARGET POPULATION

DHCS oversees a statewide network of public-funded perinatal alcohol and other drug treatment programs that serve over 25,000 pregnant and parenting women, and their children annually.



POPULATION- WHO ARE OUR CLIENTS?



PERINATAL SUD CLIENTS

Women with SUD and...

Pregnant

Have
dependent
children

Have substance
exposed infants

Attempting to
regain custody
of children

Postpartum with
children

LOCAL POPULATION- WHO ARE OUR CLIENTS?



SUDPOH

HHS
HHS

COUNTY OF SAN DIEGO ELIGIBILITY

Women with SUD and who are...



Pregnant or Parenting



Adolescent females ages
15 and over who are
pregnant



Women who are parenting
who are using or have
used substances

And also...



Reside in San Diego or
intend to reside in San
Diego



Medi-Cal eligible



Otherwise unable to access
services



ADMISSION PRIORITY



1. Pregnant Injection drug users



2. Pregnant Substance users



3. Injection drug users and



4. All others

DMC-ODS STCs
eliminate waitlists.
Admissions are
based on medical
necessity and ASAM
Criteria



Refer to [DMC-ODS STCs](#)

SUD TREATMENT PROGRAM REQUIREMENTS



EVIDENCE-BASED PRACTICES

Programs will use, at minimum, the following evidence-based practices:

Motivational Interviewing

Relapse Prevention

Refer to [DMC-ODS STCs](#)



ESSENTIAL SERVICE COMPONENTS

1. Primary
Medical Care

2. Gender-
Specific
Services

3. Case
Management

4. Primary
Pediatric Care

5. Childcare
while mother is
receiving
services.

6. Therapeutic
Services for
Children



1. PRIMARY MEDICAL CARE



Programs must provide or arrange for primary medical care, including referral for prenatal care to pregnant and parenting women receiving SUD treatment.



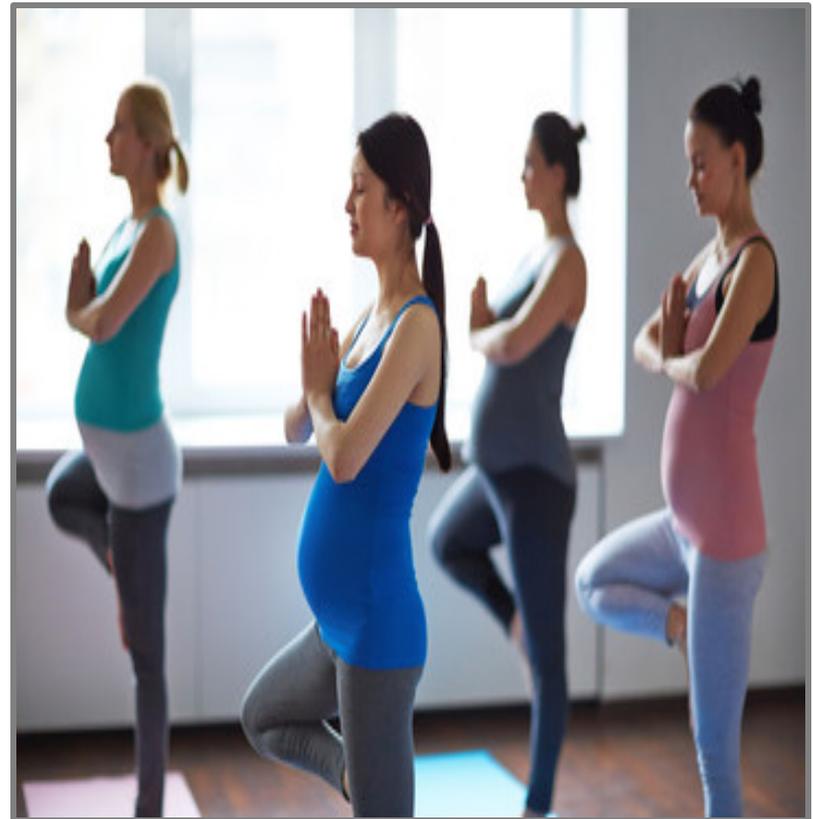
Childcare services must be provided while the women are receiving primary medical care services.



2. GENDER-SPECIFIC SERVICES

SUD treatment programs must provide/arrange for gender specific services and other therapeutic interventions including:

- Relationships
- Sexual and physical abuse
- Parenting
- Childcare services must be provided while the women are receiving gender-specific treatment services.





THERAPEUTIC INTERVENTIONS FOR CHILDREN

SUD programs must provide/arrange for therapeutic interventions for the children of the women receiving SUD treatment services that address the child's:

- Developmental needs
- Sexual Abuse
- Physical Abuse
- Neglect





3. CASE MANAGEMENT

SUD treatment programs must provide/arrange for sufficient case management to ensure that pregnant and parenting women, and their children have access to:

Primary
medical care

Primary
pediatric care

Gender-
specific
treatment

Therapeutic
interventions
for children



4. PRIMARY PEDIATRIC CARE

SUD programs must provide or arrange for primary pediatric care, including immunizations for children of pregnant and parenting women while the women are receiving treatment.





5. CHILDCARE

- Childcare is a critical factor that may serve as a barrier to a women's participation.
- SUD programs are advised to provide adequate childcare while women participate in SUD treatment.
- SUD programs are encouraged to provide on-site childcare services.





5 (A) OPTIONS FOR PROVIDING CHILDCARE

Option #1: Partner with Licensed Provider

- Programs may partner with local, licensed childcare facilities to offer on-site care of arrange license-exempt care through a cooperative arrangement between parents.

Option #2: Cooperative Arrangement

- Parents combine efforts
- Any parent watching the child must be a parent, guardian, stepparent, grandparent, aunt or sibling of at least one child in the arrangement.
- No monetary compensation provided.
- No more than 12 children.
- Recommended that an experienced staff member with expertise in child development supervise the coop arrangement.



6. THERAPEUTIC SERVICES FOR CHILDREN

Therapeutic services for children must be comprehensive and include the following:

- Screening and assessment of the full range of medical, developmental, emotional related-factors
- Care planning
- Residential care
- Case Management
- Therapeutic childcare



- Therapeutic childcare
- Substance abuse education and prevention
- Medical care and services
- Developmental services
- Mental Health and trauma services

Refer to:
[DMC-ODS STCs](#)



6 (A) CHILDREN'S MENTAL HEALTH SERVICES

Goal of MH Services is to Improve children's MH or behavioral issues

Children Served: Children who are assessed to have developmental or behavioral needs

Provided by a CA Licensed or Licensed eligible clinician

Clinician shall provide screening, assessment, and therapeutic interventions

Interventions are promising, age appropriate, integrated, accessible, culturally competent and strengths-based



6 (B) CHILDREN'S MENTAL HEALTH CLINICIAN



Perinatal Program Staffing

Perinatal Programs are staffed with 1 FTE Licensed or License-eligible mental health clinician, experienced in providing services to children to provide mental health interventions.



TRANSPORTATION

SUD treatment programs must provide/arrange for transportation to ensure that pregnant and parenting women, and their children, have access to the following services:

**Primary
medical care**

**Primary
pediatric
care**

**Gender-
specific
treatment**

**Therapeutic
services for
children**



RULES AND REGULATIONS



1. Capacity Management

IMPACTED BY
DMC-ODS STCs

Local Programs should adhere to the most recent version of the Substance Use Disorder Provider Operations Manual (SUDPOH)



2. Waitlist

IMPACTED BY
DMC-ODS STCs

3. Interim Services

IMPACTED BY
DMC-ODS STCs

4. Outreach Services



2. WAITING LIST

SUD Programs Must:	Once on the Waitlist:	If woman refuses or cannot be contacted:
<p>Establish a waitlist to ensure women who are using IV drugs are placed into treatment within 14 days.</p>	<ul style="list-style-type: none"> Enrolled in interim services while waiting admission. Program maintains contact with the woman. DATAR consulted to ensure admission to treatment as soon as possible. 	<p>She can be removed from waitlist. If she comes back and space is not available, program must:</p> <ul style="list-style-type: none"> Provide interim services Add the woman to waitlist Admit into treatment within 120 days

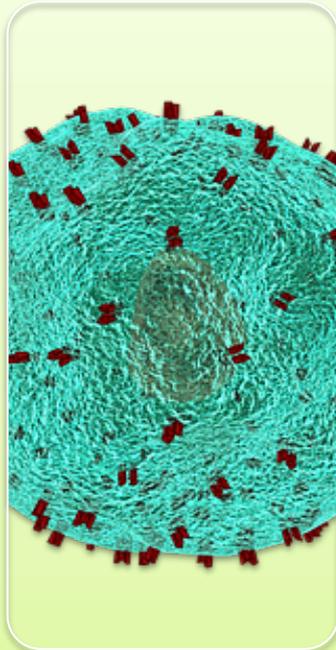
DMC-ODS IMPACT

Admissions- Individuals eligible for DMC-ODS services shall not be placed on waiting lists and program will be continuously monitoring requests for service, capacity, and access times and when indicated making connections to appropriate treatment providers





3. INTERIM SERVICES



At minimum, Interim services must counsel and educate women on:

- Human Immunodeficiency Virus (HIV)
- Tuberculosis (TB)
- Risks of needle sharing
- Risks of HIV and TB transmission to sexual partners and infants
- Steps to ensure HIV and TB transmission does not occur and if necessary, referral for HIV or TB treatment services
- Counseling on the effects of drugs and alcohol on the fetus
- Referral for prenatal care.

Individuals eligible for DMC-ODS services shall not be placed on waiting lists and program will be continuously monitoring requests for service, capacity, and access times and when indicated making connections to appropriate treatment providers



Refer to [DMC-ODS STCs](#)



3 (A) REFERRAL TIMELINE

When a pregnant woman receives a referral and the program cannot provide services due to capacity, program must:

- Provide interim services to a pregnant woman (IV and non-IV drug users), including a referral for prenatal care within 48 hours of the request.

When assisting the target population who are in need of SUD treatment services the program must:

- Admit IV drug users within the first 14 days of the request, **or**
- Admit IV drug users within the first 120 days of the request, and
- Make interim services available within 48 hours of the request including a referral for prenatal care.

DMC-ODS IMPACT

Admissions- Individuals eligible for DMC-ODS services shall not be placed on waiting lists and program will be continuously monitoring requests for service, capacity, and access times and when indicated making connections to appropriate treatment providers



SUD TREATMENT PROGRAM REQUIREMENTS



4. OUTREACH

SUD treatment programs are expected to use the following practices:

- Select, train and supervise outreach workers
- Contact, communicate, and follow-up with high risk individuals with SUDs
- Promote awareness among women using injection drugs about the relationship between injection drug use and communicable diseases such as HIV
- Recommend steps to ensure that HIV transmission does not occur
- Encourage entry into treatment.



Local Outreach

County of San Diego uses Homeless Outreach Workers (HOWS) to perform tasks to meet outreach requirements.
2 HOWS per Region

Refer to [DMC-ODS STCs](#)



PARENTING SKILLS

Included in Treatment Plan
TOPICS INCLUDE:

Developmentally
age-appropriate
programs for
children

Parenting education
for mothers

Strategies to
improve nurturing
for mothers and
children

Appropriate parent
child roles including
modeling
opportunities

Nutrition

Children's
substance abuse
prevention
curriculum

Children's mental
health needs

Integration of
culturally competent
parenting practices
and expectations;

Education for
mothers about child
safety



LEVELS OF CARE

Residential Services



Outpatient Services



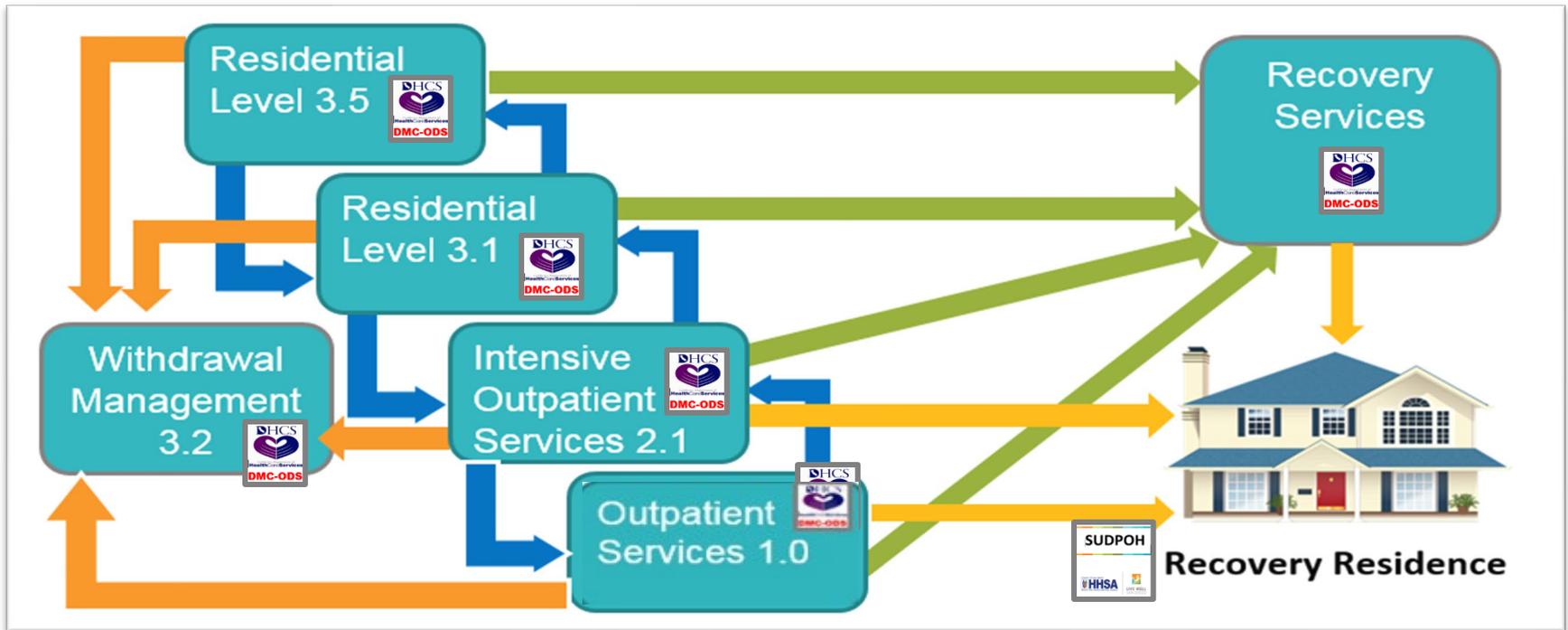
DMC-ODS includes new levels of care within residential and nonresidential programs. Programs must be certified in order to provide these services. See next slide for further explanation.



Refer to [DMC-ODS STCs](#)



CONTINUUM OF CARE IN SAN DIEGO





DATA COLLECTION AND REPORTING

Counties and providers are responsible for collecting and submitting data to the Department.

Counties and providers may be required to provide additional data for monitoring or evaluation purposes, as requested by the Department.



DATA REPORTING

- Program should submit San Diego Web Infrastructure for Treatment Services (SanWITS) data, including admission, discharge, billings, and other data as required.
- CalOMS Tx Data Collection is the method by which program data is reported to the DHCS. To read or download a copy of the CalOMS Tx Data Collection Guide, [click here](#).
- DATAR is a supplement of CalOMS. Programs should submit DATAR through DATARWeb as required by State. Access to DATAR is provided by BHS MIS unit. To read or download a copy of the DATARWeb User Manual, [click here](#)
- Programs should follow “Web Based System Manuals-Alcohol & Substance Use Services” section 1.2.8 of the [BHS Technical Resource Library](#)
- Individual Program Requirements All programs should collect and report data in compliance with the SUDPOH.



FOR PROGRAM SPECIFIC REQUIREMENTS:

- The following resources can be referenced at the [Technical Resource Library \(TRL\)](#) and/or [Optum Website](#):
 - Perinatal Practice Guidelines
 - SUDPOH
 - SUDURM
 - CFR
 - YAI
 - Title 22, Sections 51341.1, 51490.1, and 51516.1
 - Title 45 SAPT